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Case of Tetanus successfully treated.

By J. BIRDSELL, M. D.

On the evening of March the 23d last, I was called to see Thomas Githens, æt. 33, of rather intemperate habits, who had been ill for several days, though not under my charge. From the symptoms, I inferred some previous injury, and found he had some three weeks since run a rusty nail in the ball of his right foot, which was sore for several days, but after the application of ley poultices healed, and had remained sound since. The patient had continued well till, working at his trade (a carpenter), on St. Patrick's day he took a severe cold, and had since been complaining. When called, I found no tenderness or tumefaction of the foot, but his jaws were rigid, and he complained of a continual aching with rigors along the spine, which he said had continued for two or three days, but were now getting worse. I immediately diagnosed *Tetanus*, and ordered Tinct. Opii gtts. xl every hour and a half till morning.

March 24, 8½ o'clock A.M. Patient worse, with a continual rigidity of the dorsal muscles and those of the neck—trismus and opisthotonos complete—the violent spasms recurring every few minutes; pulse 90, full and strong. Ordered the following:—

R. Chloroform f ʒjss;
Morph. sulph. gr. ij;
Tr. opii f ʒss;
Muc. acaciæ f ʒj.

M. Sig. A teaspoonful every hour.

At 10 o'clock A. M. I called, in company with Dr. Isaac S. Mulford: condition of the patient the same—ordered an addi-

tion to the foregoing prescription of tr. aconite gtts. xxxv, to be taken as before.

2½ o'clock P. M. Patient no better, sweating profusely; applied the caustic potassa freely for about one inch in breadth, and the same distance from the spine, on each side, from the second dorsal vertebra to the sacrum.

10 o'clock P. M. Patient no better, weaker; ordered the free administration of Madeira wine; difficulty all along in swallowing, and sucks fluids between his teeth; continue treatment.

25th, 9½ o'clock P. M. Met with Dr. Mulford; the opisthotonos much abated, but the stiffness of the neck and trismus continue, emprosthotonos having set in, though with less severity than the other; continue treatment, and apply a cloth saturated with the tr. aconite over the abdominal muscles; also, bowels being torpid and troubled with flatus, ordered the following injection:—

R. Sem. lini. decoct. Oss;
Ol ricini f ʒij;
Magnes. sulph. ʒj;
And milk-punch freely.

2 o'clock P. M. Patient better, bowels opened freely, jaws much relaxed, so that he can protrude his tongue; spasms lighter and at longer intervals, and continue in the abdominal muscles and left arm and shoulder: continue mixture, &c. &c., and applied the caustic from the nape of the neck between the scapulæ, meeting the old cauterization.

26th, 8 o'clock P. M. Continues better, though weak, and pulse over 100: tympanitis, spasms very light and further apart; arm and shoulder worse; used an injection of vinegar ʒj, and decoction of flaxseed Oss, and bathed the arm and shoulder with tr. aconite; continue mixture.

9½ o'clock A. M. Again met Dr. Mulford; patient better, has eaten freely of oyster soup, and partaken of milk-punch; shoulder somewhat painful; slight rigidity of the abdominal muscles; can open his mouth one inch. Pulse 85, full and soft; continue treatment, and use the acid injection if the tympanitis returns.

2 o'clock P. M. Continues better, has considerable appetite, and eats freely of soups, &c.; continue medicine.

27th, 9½ o'clock, A. M. Met Dr. Mulford ; patient same, perspiring freely ; ordered to be bathed with brandy and alum ; continue treatment.

8 o'clock P. M. Patient getting better, can sit up for a short time ; feels very stiff ; perspiration less ; pulse frequent and full ; enema has not operated, repeat it, and continue treatment by diminishing the dose of the tinct. opii ten drops.

28th, 9 o'clock A. M. Patient same, bowels not moved ; repeat the enema.

8 o'clock P. M. Patient the same, bowels still unmoved ; ordered ol. tigllii: gtts. ij made in six pills, one to be administered every hour and a half.

29th, 9½ o'clock. Met with Dr. Mulford ; patient much worse, opisthotonos returned and also the trismus. The spasms are fifteen or twenty minutes apart, and of shorter duration than in the beginning of the disease ; bowels still costive ; took but three of the pills ; the patient supposing they caused the return of the spasms ; ordered the injections repeated every hour till there should be a free fecal evacuation, and, if failing, to take calomel and jalap āā grs. x at one dose ; renew the application of the caustic, take as much wine as the difficulty of swallowing will permit, and bathe the back and abdomen with tr. aconite ; continue mixture.

3 o'clock P. M. Patient easier, pains slight and less frequent ; bowels have been freely opened ; took two powders of calomel and jalap. Has taken six teaspoonfuls of tr. opii in conjunction with his mixture since morning ; expels much flatus ; jaws more relaxed ; continue the anodyne and stimulant treatment, and apply a large hot poultice to the abdomen.

8 o'clock P. M. Patient rather better ; continue treatment.

30th, 9½ o'clock A. M. Met Dr. Mulford ; patient continues better, bowels opened very freely ; continue treatment.

9 o'clock, P. M. Patient worse, spasms returned, though not very severe ; ordered the calomel and jalap powder, two doses four hours apart ; applied the caustic to the spine again, and ordered the mixture continued and the free administration of laudanum.

31st. Bowels opened freely and spasms less severe. From

this time the spasms diminished in severity, and the bowels continued very freely open, notwithstanding his taking a large amount of laudanum, frequently as much as ʒss per hour until he was narcotized. A strong decoction of green tea subdued and controlled the action of the bowels. The spasms continued at longer intervals and still lessening in severity, until the 6th of April, when they subsided entirely, though leaving much rigidity of all the voluntary muscles for nearly two weeks longer. On the 20th, he began to move about the house with difficulty, and on the 24th was out of doors and is now entirely well.

When the spasms subsided entirely, the chloroform was left off, and he was treated by gradually diminished doses of tr. opii and tr. aconite during his convalescence, with wine, nutritious diet, &c.

CAMDEN, April 29, 1852.

Treatment of Leucorrhœa. By F. J. STRATTON, M. D.

WE all know how exceedingly obstinate and vexatious, both to patient and her medical adviser, are many long-standing cases of leucorrhœa, particularly where they occur in relaxed conditions of the system, especially in aged females. For the last three years I have used but one prescription in these cases, and always with prompt success. Formerly I was in the habit of administering copaiva, cubebs, iron, &c. &c., with very uncertain results. The following is my present formula:—

R. Tinct. iodine ʒii ;
Aqua destillat. ʒiv .
Mix.

This I direct to be used as a vaginal injection—a single ordinary-sized female syringe, full at a time, being sufficient.

The first application is apt to produce considerable pain, particularly if there exist excoriations from the effect of acrid secretions. The characters of the secretion will be immediately changed to a semi-sanguineous color, and for a day or two is

apt to be quite profuse; it will then rapidly diminish, ceasing sometimes all at once, to return no more. The injection may be repeated daily, or every second day if too much smarting be produced, until the cure is effected. To patients where much anemia exists I am in the habit of administering, at the same time, muriated tinct. ferri; and, under this combined simple treatment, it is often astonishing to witness the sudden change from extreme debility and melancholy, to strength and elasticity of spirits.

The stimulating effect of the iodine is almost sure to bring on a return of the menses, if amenorrhœa have accompanied the leucorrhœa.

I need scarcely add that it is only in the *vaginal* form of the disease that I use it. The *uterine* form of the complaint is more rare, according to my experience, than many authors would have us believe.

WEST ALEXANDRIA, OHIO, May 21, 1852.

Singular Case of Rheumatic Neuralgia. By JAMES H.
STUART, M. D.

MR. EDITOR: I observe that in your editorial remarks, you frequently call upon your correspondents for reports of cases. Now, as a rule, I am rather opposed than otherwise to that very thing. Because, for every case of real value that is reported, there are at least ten of no use whatever, and only calculated to confuse the minds of the readers. Whenever a practitioner meets with one that is anomalous to *him*, he forthwith considers it a very remarkable circumstance, and immediately favors the nearest journal with the full details of what may be perfectly familiar to many others.

I know not but that may be the case with myself at present. However, I shall be as brief as possible, and allow you to be the judge, with full authority to reject my communication if you choose.

Some months back, I was in attendance on a lady who had suffered for a long time from neuralgic pains, affecting various regions, and simulating, at different times, inflammation of almost all the viscera. Indeed, so perfect was the resemblance, that it took a most patient exercise of the "diagnosis by exclusion" to determine the true character of the ailment, and almost baffled both my patience and my science—neither perhaps of a very exalted character. I had scarcely disposed of these, before true inflammation of the fauces set in, combined with slight bronchitis. The uvula became enlarged and lengthened; and by tickling the glottis kept up the cough, which was otherwise nearly cured. Antiphlogistics had failed to prevent this enlargement. Astringents failed to remedy it; and I employed the dernier resort—the scissors. In snipping off the thickened membrane, the point of the scissors caught, for one second, by a space no larger than a needle's point, in the palate just behind the uvula. It was followed by the most excruciating pain; which, instead of subsiding, seemed to grow worse every moment. Nothing gave relief until I tried the internal application of chloroform, which procured a temporary ease. In the afternoon I was sent for again, and found the pain had descended to the pharynx and œsophagus. The frænum was red and swollen. Every effort to swallow gave intense agony. All I could do was to palliate the suffering. It was evident that a nerve, probably one of the twigs of the glosso-pharyngeal, had been touched, but this was rather too alarming a train of circumstances to follow such a trivial injury. I could recall no account of such a case, nor could any of the "brethren" I applied to, assist me. However, a few moments' reflection convinced me that there was a violent predisposition to rheumatic neuralgia, which had been at once brought into full force by the injury. The rheumatic element accounted for the redness and swelling; the neuralgic for the pain. I used the ordinary remedies—tonics, guaiac, colchicum, &c.; and she began to amend immediately, and in three days was well.

ERIE, PA., June, 1852.

On the Use of Forceps in Parturition. By the EDITOR.

THE physician is nowhere more welcome than to the lying-in chamber. For anxious and weary months has the patient, who claims his services at the period of parturition, waited for the time when she should be relieved of all her fears, and enjoy the delight, which only a mother feels at the termination of her parturient sufferings. And yet, though looked for so anxiously, though welcomed so warmly, it is often the case that the physician considers himself a mere visitor, to watch the operations of nature, and wait quietly to witness the conclusion of a natural effort. He inquires if the pains are severe; indeed, he sees with his own eyes the expression of torture which marks the visage of his confiding patient. He examines, *per vaginam*, and, if nothing appears to be wrong, he is the more welcome, and the more trusted, because he announces the pleasing intelligence that "all is right." What does he mean by saying that "all is right?" The pelvis is ample; the vertex presents in a favorable position; the pains are regular; the membranes entire; and the strength of the woman is being expended in forcing a passage of the foetal head through the superior strait. It goes on well; the floor of the pelvis is reached; the inferior strait is passed; the perineal tumor formed, and the child protruded. He is then thrice welcome, as the deliverer of the patient from suffering, and the donor of a priceless gift to the exhausted, but happy and grateful mother.

Suppose, however, the condition of things to be somewhat modified, not sufficiently so to make it wrong, but yet enough to cause difficult labor. Labors are often extremely painful and protracted when "all is right." The pelvis may be ample, and the head ample, too; the diameters of the one may correspond with the diameters of the other, and yet the head be more than usually hard, or the muscles of the pelvis more than usually rigid. "All is right," still. There is no mal-position of the foetus—no deformity of the cavity through which it passes; the membranes are entire; the secretions copious; the pains laborious; and the strength of the sufferer apparently unailing.

"All is right," and yet hours and hours pass away; the woman, still with characteristic energy, laboring—and hoping on, and the child is not born. She inquires of the doctor why it is. The deliberate answer informs her, that nature is doing her work faithfully; that she must "patiently wait and quietly hope," till it is over. Another examination reveals a little progress, and the poor woman takes fresh courage, and nature, with unyielding voice, bids her labor yet longer. Such is the usual practice; and such it has always been with most practitioners.

We propose to inquire whether it ought to be so, as the object of obstetrical science, at present, seems to be for the purpose, not of rendering natural labors easy, but of overcoming unnatural obstructions; for we can see no good reason why rules may not be established for the regulation of natural effort. A man may have ague and fever, and may get well without treatment; but judicious medication, under the advice of a physician, will facilitate the cure. A simple wound of the flesh will generally heal if let alone; but if the surgeon brings together the separated edges, and keeps them at rest, union will take place much sooner than if nature is left to produce granulations over a large surface. Why not then apply the same principles of treatment to facilitate the progress of a natural physiological result in obstetric practice? Suppose the labor to be protracted in consequence of rigidity of the vaginal or perineal muscles, or both; the head pressing firmly and constantly, with but little progress. What is the course of nature here? The head being the firmer substance, must overcome the muscular contractility by continued pressure, until the passage is made large enough to accommodate its size and shape. Now, if it be possible, without danger to the mother or child, to lessen the size, or alter the shape of the head, it is evident that the amount of resistance to its passage will be less, and consequently the pain proportionably diminished, while the termination of the labor will be greatly hastened. Nature herself invites the accoucheur to assist her. She has furnished yielding and lubricated muscles; and a head with sutures, fontanelles, and soft bones, for the purpose of diminishing its size, or altering its shape. If there is contraction of the *pelvis*, the forceps are

applied to the foetal cranium in order to lessen its diameters in the direction of the contraction; and he who would not do it can lay no claim to skill in the practice of the obstetric art. If rigid muscles, instead of rigid bones narrow the vaginal canal, why should not the same principle and the same practice be adopted, as well in one case as in the other? True, the muscles may yield *in time*, and the difficulty be removed by natural effort; but the question of time is of great moment to the patient. She will not voluntarily suffer twelve hours, if she can be relieved as readily, and without risk, in six. Neither should her medical attendant expose her to the risk of excessive fatigue and exhaustion, by allowing her to undergo a protracted labor, if it is in his power to shorten the period.

But the question arises, can a natural labor be safely shortened? The objector says: if the child is removed before the uterus has fully completed its contractile effort, dangerous, and even fatal hemorrhage may result. But do you so abbreviate the uterine contractions by forceps delivery? Let us see—there is no reason to warrant the conclusion that the muscular rigidity is for the purpose of protracting labor to avoid hemorrhage by a more gradual and complete closing of the uterine vessels; indeed, experience proves to us that the most lengthened efforts are sometimes followed by the most dangerous bleeding; and that the uterus itself refuses to contract kindly at last, neuralgia being often developed as the result of excessive irritation, irregular, or long-continued efforts. No cases of labor terminate better in the after stages, as a general rule, than those which have been easy and rapid. Less hemorrhage follows; the uterus is more likely to resume its natural position; displacements are less frequently the consequence of rapid, than of slow, tedious, and long efforts.

But, is not injury done to the child by the force and pressure applied by the forceps? Not when properly applied. The forceps act only as a pair of hands, to embrace the head, and press together the soft and yielding bones, and then gently to assist nature during an effort, by careful traction. The rigid muscles, acting spasmodically, under the influence of irregular and excited

nervous power, are more likely to do harm, than the gentle, prudent, and efficient efforts of the accoucheur.

We have applied the forceps for several years past, in cases where the labor has been rendered extremely painful and protracted, by reason of the rigidity of the vaginal muscles, and we think we have accomplished the following important ends. Firstly, the size of the fetal head has been diminished, and thus less uterine effort needed. Secondly, the muscular resistance has been more readily overcome by the steady traction effort employed by the operator. Thirdly, the relaxation of the muscles, has allowed the secretions to be more abundantly supplied, and the passage of the head rendered more easy. Fourthly, dangerous and long-continued pressure upon the child's head has been avoided, and a better chance afforded for its life. Fifthly, the sufferings of the mother have been materially lessened, so far as time is concerned, at least; and Sixthly, there is generally a better getting up in consequence of there being less relaxation to overcome; the tissues are less out of tone, and less time is, therefore, required for their restoration. Of course, the os uteri is allowed to dilate completely, before the application of the instruments. It may be asked, whether any unusual force is applied in the delivery: the answer is, no! The head is clasped by the blades of the long forceps; the handles are gradually drawn together, and fastened with a fillet, and when the pains return, assistance is rendered; but no *unnatural* force is applied; nature herself forces the child into the world; she works, too, against a powerful counteracting force. Slight traction, in the direction of the strait, is only needful, and that, while it should be gentle, should also be steady during the pains.

These suggestions are thrown out for the consideration of the profession; and it is hoped they may be honestly received, as they are honestly offered. When we commenced the practice of medicine, we were advised to procure a pair of Hodge's long forceps, and put them aside to be used only in special cases, and then in the presence of a consulting physician: we soon met with a special case, and were so pleased with their action therein, that we determined to become more familiar with them. Experience soon taught us, however, that this advice was not as well timed,

as it was well meant; that it would not do to consume hours by sending miles for another physician, and the forceps, while the patient was suffering the pangs of childbirth, from which she might be relieved, with judicious management, in less than the time consumed in sending for assistance; so that the forceps became as needful to the outfit of our sulky, as the medicine case. We may mention also the advantage of becoming accustomed to their use in natural labors, that they may be the more readily applied under more unfavorable circumstances. We esteem it a safe rule to deliver by forceps in natural labor, when the woman, having suffered long, is becoming exhausted and disheartened. Under such circumstances, they are readily allowed, and generally in the next confinement *desired* by the patient.

BURLINGTON, June, 1852.

Severe and Extensive Injury to the Brain followed by Recovery.

By W. MORTIMER BROWN, M. D.

THE cases, published in your last number, of injuries of the head, with loss of a portion of the brain, have brought to my mind a case which I attended some years since, which may be deserving of record, as a case of recovery after a portion of the brain had been severed from the cerebral mass, replaced, and apparently reunited. The wound was made by a sharp axe, which, in the hands of a strong and angry man, was driven with such force as to make a section in the skull, cutting off a portion of the brain which remained in its situation in the severed portion of the skull, hanging down on the shoulder attached by a strip of integuments to the neck. The part cut off was the posterior part of the parietal bone, and the orifice through the inner table of the skull was about an inch and a half, and the portion of brain excised, over an inch in diameter.

The man was able, after the injury, to walk some rods with assistance, and talked in a rational manner by the way. Securing the occipital artery, which had been divided, removing

some small fragments of bone, shaving around and thoroughly cleansing the wound, I restored the flap of integuments, with the portion of skull and brain, to its proper position, and secured them by stitches, adhesive plaster, and a roller. The head was kept elevated and cool, a light diet enjoined, and a solution of sulphate of magnesia, and tartrate of antimony and potassa, given to move the bowels, reduce the circulation, and restrain the appetite.

The mental faculties remained unimpaired, except for a short time on the second day; the wound healed rapidly, being entirely closed in a week, no unpleasant symptoms afterwards occurred, and on a subsequent examination the severed portion appeared to be firmly united to the cranium, no motion being perceptible on firm pressure, and no inconvenience being felt when galloping on horseback.

There was no evidence in the dressings of the discharge of any portion of the brain, and, in all probability, the severed portions reunited without loss of substance.

The case was watched with some interest to mark the development of any peculiar mental phenomena, but nothing occurred worthy of note, though, at the time of the examination of the wound, pressure was made upon the exposed portion of brain.

NEWARK, June, 1852.

BIBLIOGRAPHICAL NOTICES.

A Treatise on the Practice of Medicine. By GEORGE B. WOOD, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania; President of the College of Physicians of Philadelphia; one of the Physicians of the Pennsylvania Hospital; one of the Authors of the Dispensatory of the United States of America, etc. etc. Third edition. In two volumes. Philadelphia: Lippincott, Grambo, and Co.

LIKE everything from the pen of Dr. Wood, the work before us abounds in the useful and practical. Nearly eighty pages

have been added to this edition, over the last, while the second was nearly twice the size of the first. Several additions have been made to the present issue, among which are notices of the relapsing fever of Dr. Jenner; the leucocythæmia of Professor Bennet; the dengue, and certain cutaneous affections. A more free discussion is given to important subjects, embraced in the previous editions; such as, inflammation, epidemic cholera, phthisis, &c. &c.; with an extended reference to recent microscopic discoveries. Dr. Wood has avoided noticing a few subjects, sometimes treated of by the general medical writer, which may be more justly referred to the surgeon and obstetrician: but all the diseases belonging exclusively to the practice of medicine as a distinct branch have been faithfully considered. One of the most valuable portions of the entire work may be found under the head of General Pathology and Therapeutics; the principles of which are presented in a clear and forcible manner, while individual diseases are systematically treated of, with symptoms, course, anatomical characters, &c. &c. The volumes contain 1700 pages, and are neatly and substantially executed.

Summary of the Transactions of the College of Physicians of Philadelphia, from January 20, to April 6, 1852, inclusive.

This Quarterly, from which it has been our habit to make copious extracts, is again on our table. Elwood Wilson, M. D., reports a

Case of Sudden Death from Arterial Hemorrhage, within the Walls of an Abscess.—The patient was a female of feeble health; when first seen, was sitting up; had fever and headache; distressing itching from an eruption; loss of appetite; general debility; was jaundiced; pulse 130; had a large abscess just at and under the angle of the inferior maxilla on the right side, discharging ill-conditioned pus; margin irregular, hollow within. Was treated for twelve days with soothing and disinfecting local applications, nutritious baths, and wine whey, iodide of potas-

sium, cathartics, &c., internally, and seemed to be doing well till the eleventh day of the attack.

"It became now very painful; the inflammation extending down the neck. On the 16th, it had pointed near the surface, about two and a half or three inches below the *original opening*. I should have opened it at this point, but the patient was quite weak, and I deferred doing so for one day; during the night of the 15th, after making a little exertion, she was taken with nausea and vomiting, which were followed by passive uterine hemorrhage, so that she saturated thirty napkins in about twelve hours. I gave her freely of the wine of ergot two and a half f $\bar{3}$, during the twelve hours, removing the pillow from her head, raising her hips, &c. On the evening of the 16th, the hemorrhage stopped, leaving the patient pale and weak, with a pulse 130, feeble: the discharge from the abscess was now mixed slightly with blood, and there was also slight oozing of blood from the gums. Ordered *wine whey*, broth, &c. Had rather a restless night.

"At about 9 $\frac{1}{2}$ A. M. on the 17th, she raised up in bed, and immediately blood gushed from the abscess, and in a few minutes she was dead. I could not obtain the privilege of an examination, and it is impossible to tell where the blood came from; but, from the suddenness and rapidity of the hemorrhage, together with the bright color of the blood and the rapid termination of the case, I have no doubt it was from a ruptured artery, either the carotid or submaxillary."

LEUCOCYTHÆMIA.

"Dr. Wood called the attention of the College to a form of disease which has been described by Dr. Bennett, of Edinburgh, under the name of *leucocythæmia*, the leading characteristic of which is an excess of the white corpuscles of the blood. There is now a case of the disease in the Pennsylvania Hospital. The patient, a male, of about seventeen years of age, was admitted, laboring under symptoms of *anæmia*, with some anasarcaous effusion, general debility, and great enlargement of the spleen. The blood was examined by Dr. Ardnell Hewson, resident physician of the hospital, who is accustomed to microscopic investigations, and found by him to contain a great excess of white corpuscles. There could be no doubt that it was a case of the leucocythæmia of Dr. Bennett. The patient was put upon the use of iron and quinia, with a good diet. Under this treatment, the dropsical symptoms and enlargement of the spleen rapidly diminished, and the patient soon became restored to a degree of robustness which was in strong contrast with the debilitated appearance he presented at his entrance in the institution. The spleen was evidently diminished in bulk; but at the same time the liver was found to have become enlarged. On examining the blood under the microscope, it still exhibited the same excess of white corpuscles. Dr. Wood supposed that the patient had been overstimulated by the treatment to which he had been subjected. A less invigorating diet was directed, small doses of blue mass were administered, and a blister was applied over the right hypochondriac region. Under this treatment, the condition of the liver became improved; but as the symptoms of *anæmia* reappeared, and the spleen began again to enlarge, a blister was applied over the left hypochondrium, and nitro-muriatic acid was substituted for mercury. The visceral disease now rapidly diminished; but as the *anæmia* continued, recourse was again had to chalybeates. All the symptoms now improved; and an examination of the blood showed a very considerable diminution in the number of white corpuscles. When the

patient was last seen by Dr. Wood, the spleen was nearly of its natural dimensions, and the anemic symptoms had almost disappeared; but the liver still remained somewhat enlarged."

DR. BOND'S SPLINT.

Dr. Norris stated that five or six cases of fracture of the lower end of the radius had been treated by Dr. Bond's splint in the Pennsylvania Hospital, one of them being a very bad case, and that they all had done remarkably well, the patients suffering less than is usual with the ordinary splint. Dr. Isaac Parrish also stated that he had treated two cases with very satisfactory results.

The principal part of this number is occupied with a report on Meteorology and Epidemics for the year 1851, by Dr. Rusehenberger, which is too minute and voluminous to admit of extended notice in a journal like ours.

A special meeting was held in March, in consequence of the death of one of the fellows, Dr. William R. Grant, at which the following resolutions were adopted:—

"*Resolved*, That it is with feelings of the deepest regret the Fellows of the College have heard the announcement of the death of their colleague, Dr. William R. Grant, after an illness of only a few days' duration.

"*Resolved*, That by this unlooked-for event, the College has been deprived of a valuable member; one whose high professional character and attainments commanded the respect, while his moral worth won for him the esteem of its Fellows.

"*Resolved*, That they deeply commiserate with the family of their deceased colleague, in the sad bereavement which has so suddenly befallen them; and request the Secretary of the College to tender to his surviving relatives the expression of their sincere condolence.

"*Resolved*, That as a mark of respect for the memory of their deceased colleague, the Fellows of the College will attend his funeral from his late residence, on Thursday morning next."

EDITORIAL.

TO SUBSCRIBERS AND READERS.

WE are informed by the publisher that an opinion has obtained in certain quarters, that the Reporter has been sent without authority to a

number of persons, who, having received it for a few months, felt themselves obliged to subscribe. The facts of the case are as follows: The old subscription book was placed in the hands of the present publisher nearly two years since. He continued to send the Reporter to those whose names he found recorded there, and did not afterward send to *any one as a subscriber, unless directly authorized to do so*, and no one has received it except by *special order*, unless perhaps half a dozen, on whom he called personally, and in their absence left numbers with their families, with directions to return them if they wished not to take it. We would not intrude upon any one. We are at work, as we conceive, for the general good of the profession, and we depend upon our brethren of New Jersey to sustain us. If they are unwilling to do so, we do not ask it at their hands. Our journal is, however, increasing in favor at home and abroad, the subscription list having more than doubled in less than two years, and we hope it will soon stand secure on the foundation it has reared for itself.

The prospectus of volume six will accompany our next issue.

REORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

We were compelled to omit from our last number a full notice of the question of delegation, as it now stands before the American Medical Association; but we shall attempt to present the subject to our readers now as briefly and plainly as we can. The committee to whom the subject was referred at the Charleston meeting in 1851 could not agree entirely as to the alterations that ought to be made in the constitution. We believe they were equally divided; and the question at issue between them was the single one of excluding or receiving the schools and hospitals, by representation, at the meetings of the Association. Dr. Hays was the writer of one report, and Dr. Yardley of the other. They were each presented and read before the Association at Richmond, and both referred to a committee, who made a compromise report, differing somewhat from both the others. That portion of it relating to delegates is herewith presented. It advocates a restricted representation from the schools and hospitals, while Dr. Yardley and his colleagues recommend that these institutions shall not be represented, insisting that the State, County, and district Societies are the only true media of delegation. The report of the Richmond Committee, hereto appended, it seems to us, is the only one now before the Association. The other two have been disposed of by their reference to the Committee, whose report, being accepted, becomes the property of the Association for future action. The question of county and State delegation, however, though not presented in the compromise report, will come up at the next meeting, in the shape of a distinct proposition, made by a gentleman whose name we do not recollect, and whose resolution, we regret to say, has not yet appeared in any report of proceedings that we have seen. We have already expressed our views upon the subject, and a number of medical societies in New Jersey have declared by resolu-

tions their preference for the alteration proposed by Dr. Yardley, and we forbear any further remark upon the subject at this time. It will be well to say, however, that the design is not to exclude Professors and Hospital Teachers from the Association altogether, but merely to disallow their representation of *private* institutions; so that in the great national assembly, there shall be no professors *as such*, or hospital teachers *as such*; but that all should stand on equal and common ground as it is thought their large experience and opportunities for enlightening the profession may be made available for the general improvement of the profession, just as well as delegates from societies, as from schools.

§ 1. The delegates to the meetings of the Association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state, and regularly chartered medical societies; from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the Association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the Association one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this Association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this Association, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy; Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery, and Chemistry: *And provided also*, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures (not however to be embraced in the same year), and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the Association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the Association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the Association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

DR. GOOCH AND STETHOSCOPE.

We acknowledge hereby the kind attentions of Dr. Gooch of the Virginia Stethoscope, and one of the secretaries of the American Medical Association, for his kindness in furnishing us with the proceedings of the Association, not only in manuscript from his own table while at Richmond, but since, in an extra sheet of his journal.

PHILADELPHIA COLLEGE OF DENTAL SURGERY.

We have received the first annual announcement of this College, which has been recently established under, we think, very favorable auspices. To name the faculty will be to give the character of the institution. J. D. White, M. D., D. D. S., Professor of Anatomy and Physiology; Ely Parry, M. D., D. D. S., Prof. of Chemistry, Materia Medica, and Special Therapeutics; Robert Arthur, D. D. S., Prof. of Principles of Dental Surgery; Elisha Townsend, M. D., D. D. S., Prof. of Operative Dental Surgery; T. L. Buckingham, M. D., Professor of Mechanical Dentistry; D. P. Whipple, M. D., Demonstrator of Surgical and Mechanical Dentistry. Elisha Townsend, Dean of the Faculty, Locust St. above Schuylkill Seventh.

It seems appropriate that the Athens of *medical* learning in this country should also be the seat of *dental* instruction. We believe the facilities for imparting this kind of instruction are fully equal, in Philadelphia, to those of any other city, and are sure that her dentists are not a whit behind any, in their qualifications for teaching.

We bespeak for the enterprise its full share of patronage, and cordially wish the faculty success in their undertaking. *

DEATH OF PROF. JAMES B. ROGERS.

We are pained to learn, just as this sheet is going to press, that Dr. James B. Rogers, late Professor of Chemistry in the University of Pa., is no more. We hope to give particulars in our next.

PROCEEDINGS OF MEDICAL SOCIETIES.

The District Medical Society for the *County of Essex* held its annual meeting at the City Hotel, Newark, on Thursday, 29th of April. An address was read by the President. Papers were also read by Dr. Kent on Erysipelas, and by Dr. J. Henry Clark on Fever. Drs. E. D. G. Smith and Ludwig Braun were admitted as members of the Society. The cases of several other applicants were postponed till the next meeting. The following officers were elected: President, A. N. Dougherty; V-Pres., L. A. Smith; Sec., W. T. Mercer; Treas., W. M. Brown; Librarian, J. F. Ward.

Drs. Eyrich and Nichols were appointed Essayists, and Dr. J. H. Clark Reporter.

Delegates to the State Society:—Drs. Whitehead, Kent, Brown, and Dougherty.

Adjourned to meet on the last Thursday in April, 1853. *Why do not our Essex friends hold quarterly, or at least half-yearly meetings?*

The District Medical Society for the *County of Hunterdon* held its annual meeting at Flemington on the 6th of May. Present, eight members. Dr. James Pyatt, V.-P., in the chair. Dr. Willard F. Combs was unanimously received as a member, and Dr. Henry Smith of Somerset, after an examination by the Board of Censors, received his license, and was proposed for membership. Officers for the ensuing year:—Pres. Sam'l Lilly; V.-Pres. T. Edgar Hunt; Sec. W. F. Combs; Treas. G. P. Rex.

Drs. Lessey and A. S. Clark were appointed Essayists for the next meeting, and Dr. John Blane Reporter.

Delegates to the State Society:—Drs. Johnson, Blane, Lessey, and Combs.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The following abstract of the proceedings of this Society is taken from the *Medical Examiner* for June. The Society met in Philadelphia on the 26th of May; the Pres., Dr. Charles Innes of Northampton Co., in the chair. Present, sixty-seven delegates from sixteen counties. The reading of the minutes of the last meeting being dispensed with, an address was read by the President. "The address was exceedingly eloquent and instructive, and was listened to with great interest and satisfaction by the Society." After adverting to the origin of the Society, and its progress during the five years it has been in existence, and lamenting the indifference of many of the profession in forming or uniting with county Societies, Dr. Innes said:—

"As regards the hostility to the county Societies, which had been elicited in some quarters, he must avow his frank conviction that it could proceed only from an absence of true professional spirit, and from an indisposition to look beyond individual aggrandisement. Indeed he must assign to selfish and mercenary motives the active opposition which had

been advanced to the late attempts to organize the profession in our State, and he trusted that all who had remained aloof, from mere indifference, would not for the future abstain from lending their names and influence to the cause of association.

"Dr. Innes commented with deserved severity upon the sinister and sordid views which had induced many to abstain from uniting in this organization. He felt that a disinclination to adhere to a proper fee bill was a motive, with at least some, for standing off; and he handled with just and pointed sarcasm the 'cheap doctors,' who underbid their compeers, to obtain practice, and brought our noble profession down to the level of a mere trade. He cited, as worthy of imitation, the example of the Western Medical Society of Wisconsin, which obliged the Corresponding Secretary to invite all practitioners residing in the State to become members of the State Society, with a proviso that those who should fail to respond to the appeal within six months, should be deemed irregular, and be cut off from professional intercourse. The Medical Society of Northampton county, Pennsylvania, had resolved to consult only with members of their own or other county Societies. In Erie county, also, the members of the county Society had adopted the same course, and declined all professional recognition of those who remained without the pale of their organization. These measures might seem ultra, but they were called for by the exigencies of the case, and he urged a non-intercourse policy—the *argumentum ad hominem*—as the only means of reaching the recusants. Some other lever than moral suasion was certainly needed to move them.

"In conclusion, Dr. Innes expressed his approval of the recommendations of the Philadelphia County Medical Society, as regards State representation in the National Medical Association."

One additional county medical Society was reported.

After the transaction of some unimportant business, and the appointment of a committee of one from each county to nominate officers, the reports from the different counties were presented, and read in detail. This course was adopted by the Society after some debate, in preference to having abstracts read. Reports were presented from twelve counties, many of them elaborate and learned, several being accompanied with geological charts of the counties, with statistical and topographical sketches, which renders them valuable to the profession generally. The influence of geological formations on disease has attracted considerable attention in Pennsylvania, and we trust our own and other Societies will turn their attention to the subject more than they have done. But more of this when the full report of the transactions is received.

The following resolution, offered by Dr. Hays, "designed to express disapproval of the puffing strain indulged in by the Faculties of certain medical colleges, in their annual circulars or announcements," was adopted:—

"*Resolved*, That the members of this Society, when associated for educational or other purposes, owe the same fealty to the code of ethics of the Society in their corporate and associate capacities, as they do as individuals."

Dr. Wimley, in accordance with instructions from the Montgomery County Medical Society, offered the following preamble and resolutions:—

"*Whereas*, At the last meeting of the American Medical Association, the

subject of amending the Constitution, so as to change the present mode of representation, was presented by a committee, and will be acted on at the next meeting of the Association; therefore

"*Resolved*, That the State Medical Society of Pennsylvania favors the principle of representation by delegates from *County, District, and State Medical Societies*, as that most accordant with the genius of our institutions, and most likely to promote the permanency and success of the National Association.

"*Resolved*, That the admission of delegates from Medical Colleges, Hospitals, and other medical institutions, although adapted to the forming stage of the Association, is no longer necessary; and is calculated to produce dissatisfaction amongst the mass of the profession, by creating privileged classes, and by giving an undue influence to physicians in large cities over those residing in country districts and in the smaller towns.

"*Resolved*, That restricting representation to *County, District, or State Societies*, and conferring upon the members of these bodies the right of membership in the National Association, will, in the opinion of this Society, offer a powerful inducement for Physicians throughout the United States to organize in their respective districts, and thus become constituent branches of the Association, and entitled to all the rights and privileges which such membership can confer.

"*Resolved*, That the delegates from this Society be requested to lay these resolutions before the National Association, signed by the officers of the State Society, and that they use their exertions to have the principle of representation herein approved, adopted by that body."

"Dr. Gries took the floor, in support of the resolutions, and read a written speech, of some length, in which he animadverted on the unnecessary multiplication of medical schools witnessed within the last few years, and on the almost total absence of a proper standard of examinations for degrees. He referred, in terms of warm commendation, to the admirable address of Dr. Jackson, (late of Northumberland,) delivered before the Philadelphia County Medical Society in February last, and expressed the hope that the State Society would endorse the principles urged by Dr. Jackson.

"On motion of Dr. Smith, of Delaware, it was now *Resolved*, That the members of the Society be not allowed to speak more than twice, or longer than ten minutes on the same question, without permission.

"It was ordered that the Montgomery County resolutions be taken up separately.

"Dr. Hays moved to amend the first resolution, by inserting—after the words '*County, District, and State Medical Societies*'—'and a restricted representation from Medical Colleges, subject to certain conditions.'

"Dr. Hays believed that the introduction of these resolutions was an attempt to manufacture public opinion on the subject, and to prejudice the question in advance of the action of the National Medical Association. Under existing circumstances, he admitted that it was inexpedient to continue, unchanged, the present plan of representation in the Association. It was certainly unequal. But, in endeavoring to remedy this inequality, we should not go too far, lest, in the end, we overreached ourselves. If we exclude the Colleges entirely from representation in the Association, they become our masters. Allow them a restricted representation—he was not for extending it beyond a single representative—and we control them. By thrusting *all* the schools out of the Association, the good and the bad together, we shall be really giving countenance to those whose course is disgracing the profession. Say that those only who come up to the conditions laid down by the Association, and who comply in good faith with its

requisitions, shall have a place, and you will encourage the well-disposed schools to persevere in their efforts at improvement and reform, and ultimately break down those who pursue a contrary course. He said that the Committee of the National Medical Association, to whom this subject had been referred, proposed to allow one representative in the Association to all Colleges which had six professors, which gave an annual course of at least sixteen weeks, and which exacted from candidates for graduation, that they should be twenty-one years of age, have studied for three years, two of which must have been with some respectable practitioner, and should have attended two full courses of lectures. He was strongly of opinion that if we desired to see the schools come up to this standard we should not shut them out of our ranks. If we continued to receive representatives from them, he believed that we should ultimately destroy all who refused to comply with our demands.

"Dr. H. S. Patterson thought that the thanks of the Society were due to Dr. Hays for presenting the question in a nutshell. The question was now, clearly, whether the members of the medical schools were to sit in the National Association as *individuals*, or as *professors*. As regards the feeling of the schools on this point, he was pretty certain that they did not ask the privilege as a body, and that very many faculties were not at all strenuous about retaining it. Be this as it may, however, we have the question now directly brought to an issue, by the Montgomery County resolutions on the one side, and Dr. Hays' amendment on the other. Dr. Hays' argument, that we should keep the schools in the Association to have them under control, Dr. Patterson said, appeared to him like the idea of 'marrying a man to get rid of him.' He really could see no force in it. But he could see much force in the objections urged against the inequality and injustice of the privileges claimed for the schools. To allow a faculty of six professors one representative—for they could not go below one—was certainly to establish a very great disproportion between professors and members of the county medical societies. And, besides this, there was another injustice; the professors were twice represented, once from the faculties, and again from the societies. Now, there was a very general feeling, which, whether just or not, it was wise to respect, that this distinction ought not to be made between professors and other members of the profession. It savored of an oligarchy; it made a sort of upper house, although sitting in the same body. It were far better for the gentlemen of the schools to come down to the same level with their brethren, and to consent to make the National Association a purely representative body. He was for adopting an equal ratio—not so high as to exclude sparsely settled districts, but, on the other hand, not low enough to make the Association an indiscriminate crowd. And he thought there would always be a fair proportion of professors in the body, as in fact they often went there now, from this city, as representatives of the College of Physicians, and of the County Medical Society. There need be no fear, he thought, that the Association would lose a control over the schools, because they were not to be allowed to knock at their doors with the privileges of close bodies. They would always be within the reach of a sound and healthy public opinion; and this they would never defy. At all events, he had little faith in the efficacy of mere legislation. And he was satisfied that the establishment of an inquisitorial censorship over the Colleges, such as Dr. Hays' plan seemed to imply, was exceedingly difficult. It would certainly lead to a delicate and dangerous assumption of power, which would be always most reluctantly exercised, from an indisposition to establish personal enmities.

"Dr. Hays reiterated his views.

"Dr. I. Parrish expressed his cordial approval of Dr. Patterson's remarks.

"Dr. Condie was in favor of the amendment of Dr. Hays. His own opinions, which he had long since expressed, were in accordance with the tenor of the Montgomery County resolutions; but he knew that the sentiments which prevailed in the National Association were the other way, and he thought it inexpedient to tie the hands of the representatives whom we sent there, lest our vote should be lost. It was best for the present to be content with a *restriction* of college representation, and not to endanger the whole plan for improving the representation of the Association, in the attempt to accomplish too much.

"The question was now taken on the amendment of Dr. Hays, and it was lost—yeas 20, nays 25. The first resolution of the series was then adopted.

"The second resolution coming up, Dr. Stillé urged that there was a palpable impropriety in the use of the language, 'that the admission of delegates from colleges, &c., produces dissatisfaction among the mass of the profession;' as, on the contrary, the feeling at the late meeting of the National Association was nearly unanimous in favor of retaining a restricted representation of the colleges.

"Dr. Wood said that, although his position prevented him from taking part in the discussion on the main question, he must be permitted to observe that the close vote just taken here, (20 to 25,) made it pretty obvious that the feelings of the great mass of the profession were less earnest on the subject than the resolution claimed.

"After some further discussion, the second resolution was laid on the table, and Dr. Wimley subsequently withdrew it.

"Dr. Hays hoped the third resolution would be also laid on the table.

"Dr. Parrish urged its passage, deeming it strictly in conformity with the first resolution. It was adopted without a division.

"Dr. Stillé moved to lay the fourth resolution on the table. This motion was lost, and the resolution was then adopted.

"The preamble was then adopted."

The committee on nomination of officers reported the following: Pres. Hiram Corson, M. D., of Montgomery; Corresponding Secretary, Isaac Hays, M. D., of Philadelphia; Treasurer, Francis West, M. D., of Philadelphia. We omit the names of the other officers.

The following were appointed delegates to the American Medical Association: C. Innes of Northampton, Isaac Thomas of Chester, F. S. Burrows of Lancaster, Joseph Carpenter of Schuylkill, Thomas Van Valzoh of Mifflin, R. E. James of Northampton, James R. McCoy of Bucks.

There are other interesting details, but our limits will not allow of any further abstracts.

After a session of *three days*, the Society adjourned to meet in Philadelphia on the fourth Wednesday in May next.

ECLECTIC AND SUMMARY DEPARTMENT.

Tables of Marriages, Births, and Deaths in New Jersey for the year 1851.

WE certainly need offer no apology for the space occupied by the following statistics. They are of general interest to the profession, and we should

be remiss in our duty as journalists if we passed them by. The tables are taken from the report made by the Secretary of State to the Legislature at its last session, for a copy of which we are indebted to his Excellency Governor Fort. The reports are not perfect, though there is great improvement over those of last year. Then there were 90 townships which did not report, and no county sent in complete reports. This year there are but 28 townships not heard from, and the counties of Essex, Gloucester, Morris, Passaic, Somerset, and Warren furnish reports from every township. "General complaint is made by the township clerks, that ministers, magistrates, sextons, and physicians do not make report to them as directed by law. *Physicians are especially, and almost universally spoken of as remiss in this particular.*"

This complaint is a disgrace to the profession in our State. Physicians are supposed to appreciate the importance of these statistics, and, indeed, it is through their influence that a law exists requiring them to be made. Physicians, it seems, have not been subject to fine for neglect of the duty, and the Secretary recommends that they too be laid under penalty in case of neglect. Indeed, we think those physicians who neglect so important a duty should be fined double the amount required of others! *

*Marriages in the Several Counties, with Population of each County by
Census of 1850.*

COUNTIES.	Number.	Population of Counties.	REMARKS. Townships from which no marriage returns have been received.
Atlantic	31	8,964	Weymouth.
Bergen	58	14,708	Saddle River, Washington.
Burlington	215	43,204	Mansfield, Willingborough, Washington.
Camden	165	25,569	Gloucester.
Cape May	30	6,432	Lower.
Cumberland	89	17,003	Hopewell, Deerfield.
Essex	483	73,995	
Gloucester	80	14,653	
Hudson	12	21,874	Bergen, North Bergen, Hoboken.
Hunterdon	186	29,064	West Amwell, Clinton.
Mercer	392	27,991	Ewing.
Middlesex	146	28,671	North Brunswick.
Monmouth	136	30,234	Shrewsbury, Atlantic, Marlborough.
Morris	213	30,173	
Ocean	69	10,043	Jackson.
Passaic	126	22,577	
Salem	52	19,500	Salem, Mannington, Lower Alloway's Creek, Pittsgrove.
Somerset	136	19,668	
Sussex	123	22,990	Montague, Newton, Green, Byram, Sparta.
Warren	115	22,390	
Total in State	2857	489,703	

Births in the Several Counties.

COUNTIES.	SEX.		OCCUPATION OF FATHER.						Occupation not reported.	Total.	Sex not reported.
	Male.	Female.	Farmer.	Manufacturer.	Mechanic.	Laborer.	Merchant.	Professional.			
Atlantic	87	107	51		46	86	6	3	2	194	
Bergen	97	98	56	3	62	55	6	7	6	195	
Burlington	612	608	203	16	370	361	45	43	192	1230	10
Camden	370	319	63	6	225	148	34	43	170	689	
Cape May	74	78	42	3	23	76	9	4	2	159	7
Cumberland	315	313	174	4	165	244	22	14	21	644	16
Essex	1190	998	145	40	603	197	65	39	1304	2393	205
Gloucester	177	161	138	1	101	113	8	7	8	376	38
Hudson	53	38	2		34	21	15	5	14	91	
Hunterdon	334	340	263	13	167	145	55	16	15	674	
Mercer	368	348	123	12	289	206	48	25	19	722	6
Middlesex	274	262	159	11	150	144	25	23	24	536	
Monmouth	316	303	252	7	124	188	24	15	9	619	
Morris	265	302	119	37	181	139	25	19	47	567	
Ocean	134	136	49	6	53	143	7	3	9	270	
Passaic	217	190	69	10	224	45	20	13	26	407	
Salem	160	184	145	5	58	107	12	4	13	344	
Somerset	181	199	187	13	108	61	30	12	14	425	45
Sussex	285	243	246	8	115	125	16	12	6	528	
Warren	417	379	239	17	206	266	36	18	16	798	2
	5926	5606	2725	212	3304	2870	508	325	1917	11,861	329

Males, 5926; females, 5606; sex not reported, 329; total births, 11,861.

Deaths in the Several Counties.

COUNTIES.	CAUSES OF DEATH, AND NUMBER FROM EACH CAUSE.																									
	Consumption.	Dysentery.	Casualty.	Typhus fever.	Bilious fever.	Scarlet fever.	Smallpox.	Inflammation of the lungs.	Inflammation of the bowels.	Inflammation of the brain.	Childbed.	Cholera infantum.	Whooping-cough.	Croup.	Erysipelas.	Liver-complaint.	Old age.	Convulsions.	Dropsy.	Parelysis.	Bronchitis.	Apoplexy.	Putrid sore-throat.	All others.	Causes not reported.	Total.
Atlantic . . .	15	23	4	1	1	2		1	3	2	1						4	1	2						24	92
Bergen . . .	14	6	3	2	2	3		2	7	9	2						1	12	16		2		5		12	88
Burlington . . .	94	38	21	6	9	9	4	2	7	7	2						26	12	16		13	1	4	18	94	577
Camden . . .	42	18	7	4	4	7	1	6	4	6	1						6	5	8		2		2		47	242
Cape May . . .	10	8	5	1	1	1		2		2	1						2	2	2		1				11	60
Cumberland . . .	43	14	3	5	3	1		1		1							19	8	12		2		1		60	277
Essex . . .	178	57	26	10	7	47	5	43	29	20	15	2					34	45	50		11		15	2	196	121
Gloucester . . .	27	60	6	1	7	5		2		2	3						9	7	7		4				39	965
Hudson . . .	11	6	3	1	1	4	2	4		3	2						10	4	5		3		2		11	55
Hunterdon . . .	32	7	5	3			3	4	4	3	2						6	6	4		3	1			40	170
Mercer . . .	29	16	6			9	3		3	1							6	6	4		3				20	158
Middlesex . . .	63	21	10	5	1	2		4	3	9							17	11	10		11		1	1	82	357
Monmouth . . .	50	25	11			1		7	1	3	1						12	12	13		4	2	2		53	265
Monmouth . . .	41	14	7	3	3	3	4	6	3	5	3						21	11	14		7	1	4		64	37
Morris . . .	15	8	6			6		1	3		3						4	5	3		1		1		13	42
Ocean . . .	48	23	12	2	2	46	3	5	3	5	3	1					8	2	8		3		5		66	110
Passaic . . .	7	4	2	1	1			1	3	2	1						2				4	1			35	77
Salem . . .	35	11	8	1	1	7		10	2	2	3	6					15	9	5		5	1	1		22	233
Somerset . . .	25	12	4	5	2			8	5	8	3						12	4	5		3				53	209
Sussex . . .	53	9	10			5		7	3	3	3						15	12	15		6		1		94	303
Warren . . .	832	383	101	57	43	157	22	105	81	83	50	30	68	123	57	14	223	156	188	82	11	44	24	1030	1066	5089

Deaths in the Several Counties.

COUNTIES.	AGES.											Ages not reported.	Total.
	Under 5.	5 and under 10.	10 and under 20.	20 and under 30.	30 and under 40.	40 and under 50.	50 and under 60.	60 and under 70.	70 and under 80.	80 and under 90.	90 and under 100.	Over 100.	
Atlantic . . .	36	3	3	6	5	5	6	7	5	3			13 92
Bergen . . .	26	8	8	5	6	4	5	4	7	4	2		9 88
Burlington . . .	225	26	34	37	38	34	22	28	33	15	1		84 577
Camden . . .	98	11	14	24	14	19	13	17	6	3			23 242
Cape May . . .	25	3	3	3	2	5	1	10	6	2			60
Cumberland . . .	96	7	8	15	17	17	17	11	16	14		1	58 277
Essex . . .	454	59	48	73	64	70	61	43	43	28	3		19 965
Gloucester . . .	98	13	13	15	15	8	11	10	13	9	3		12 220
Hudson . . .	35	5	1	3	4	3	2	1					1 55
Hunterdon . . .	48	6	9	25	14	11	10	12	12	11	1		11 170
Mercer . . .	55	10	13	5	10	12	8	4	11	8	2		20 158
Middlesex . . .	138	7	15	26	28	21	25	32	20	19	6		20 357
Monmouth . . .	95	8	13	27	19	12	17	13	21	7	3	1	29 265
Morris . . .	92	3	18	27	19	14	16	13	21	20	8		14 265
Ocean . . .	26	11	4	9	9	10	7	2	8	8			16 110
Passaic . . .	133	30	19	24	26	21	18	18	8	3	1		33 334
Salem . . .	47	2	5	14	5	5	11	9	6				5 109
Somerset . . .	79	10	14	21	18	8	8	15	16	15	1		28 233
Sussex . . .	89	11	13	21	10	13	8	9	11	8	1		15 209
Warren . . .	120	19	15	23	18	19	24	18	27	13	3		4 303
	2015	252	270	403	341	311	280	276	290	190	35	2	414 5089

Description of a New Instrument for the Treatment of Prolapsus Uteri. By JOHN JONES, Esq., of Derby.—It consists—1, of a belt with two pads, to support the abdominal parietes; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horsehair. Two pads, united by a strip of vulcanized India-rubber, one inch and a half broad, and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consists of two convex circular plates of tin, the inner rather smaller than the outer one, made to act upon each other by an interposed spiral spring. The whole is padded with horsehair and covered with mackintosh. In the centre of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips; and loops of tape are placed at the top, to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by

a strip of vulcanized India-rubber, one inch and a half long and half an inch broad. Within the anterior flap is a pad four inches long, stuffed with horsehair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of India-rubber.

The resiliency produced by the horsehair stuffing, and the elasticity afforded by the India-rubber, render the belt easy to wear, and efficient in its application.—*Prov. Med. and Surg. Journal.*

On the Use of Creosote in Diarrhoea. By T. M. WOODSON, M. D., of Sumner County, Tenn.—In the *American Journal of the Medical Sciences* for July, 1851, is a notice of the use of creosote in diarrhoea, by Mr. Kestevan, whose testimony in its favor is very strong. He states, in fact, that in his hands the remedy has never failed, and that generally he found a single dose sufficient. His dose was from one to five minims. Reading the statement of Mr. Kestevan at a season when diarrhoea was rife, I determined to give the remedy a trial. The first case in which I administered it occurred about the first of August. The subject was a negro woman aged thirty-five years, who had been affected for two weeks before medical advice was solicited. I at first prescribed opium and tannin, but as they afforded only temporary relief, I was requested to visit her on the 4th of August. I found her in the following condition: Pulse not unnatural, and skin rather cool and moist; tongue coated with a white fur; patient complains of severe pain in the abdomen, which is increased by pressure; has from twelve to twenty serous evacuations daily, and is much prostrated. I prescribed creosote, one drop every four hours, in combination with camphorated tincture of opium and aromatic spirits of ammonia.

Aug. 5th. Patient much improved this morning; bowels were moved but twice after the first dose of the medicine—has taken two doses. She continued to improve, and soon recovered.

CASE II. A female child, aged fourteen months, was taken with diarrhoea on the 11th of August. Vomiting also attended. I saw the case the following morning, and found the child laboring under some fever, with great derangement of the stomach and bowels. Prescribed calomel and Dover's powder, which were to be repeated every two hours. I was called at midnight again, and found the symptoms rather aggravated than improved. I at once administered creosote, half a drop, with tinct. opii camph. and spirits ammon. aromat., and repeated every three hours. The patient was relieved of its distressing nausea and diarrhoea before morning, and had a prompt recovery.

CASE III. A little boy, aged five years, was seized, on the 11th of August, with symptoms similar to those presented by the last case. Without any preliminary measures, I ordered in this case the creosote combined as before, beginning with half a drop and increasing it to a drop at a dose. In ten hours the disorder was checked, and the patient was soon as well as ever.

CASE IV. J. D. C., aged fifteen years, had labored under diarrhoea for three weeks, when he applied for medical advice. He was at that time much debilitated, and his complaint appeared to be progressive. I prescribed the creosote mixture, every four hours, directing the creosote to be increased after a few doses to two drops. Soon after taking the first dose he had two evacuations in quick succession, but the diarrhoea then ceased, and in a few hours he was comfortable.

CASE V. L. H., aged fifty years, has been for many years subject to diar-

rhoea every summer. He has from eight to ten evacuations daily, and has become much debilitated. He was promptly relieved by the creosote mixture, and always found relief from it when the symptoms returned during the hot season.

CASE VI. Miss C., aged nineteen years, has been subject to diarrhoea just before her catamenial periods. It is profuse and exhausting, continuing generally for about ten days. The most prompt relief was derived from the creosote.

I have used this article in more than twenty cases of diarrhoea with similar results, but it would be tedious to recite others. I have found it much more prompt and invariable in its action than any other remedy to which I have ever resorted in this complaint, and, although it is described by writers on *materia medica* as an irritant and narcotic, I do not hesitate to administer it where fever and dysenteric symptoms are present. It is superior to opiates in that it does not leave the bowels constipated. It excites no nausea, nor any other unpleasant symptom. Its action seems to be stimulant and antispasmodic, allaying pain very promptly, and imparting to the patient an agreeable sense of warmth in the stomach and bowels. Whether it acts directly as an astringent, or, as suggested by Mr. Kestevan, by coagulating the albuminous fluids of the alimentary canal, I do not pretend to decide. But of its efficiency in bowel-complaints I think there can be no question, and in such cases it is confidently recommended.—*Western Journal of Medicine and Surgery*.

Case of a Large Subcutaneous Nævus cured by Vaccination. By JOHN WOOLCOTT, Esq., M. R. C. S., Surgeon to the Kent Ophthalmic Hospital.—A lady brought to me her infant, a healthy-looking child, nine weeks old, in January, 1848, with an extensive subcutaneous nævus which had existed from birth. The tumor, which was of a blue, livid color, occupied the whole of the upper eyelid and a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis palpebrarum muscle; outwards and downwards it reached nearly to the tragus of the right ear, and then extended upwards and inwards along the lower margin of the zygomatic process of the temporal bone to the external angle of the orbit, where it joined the morbid product at the upper eyelid; there was no pulsation in the tumor; it was soft and compressible, and increased greatly when the child cried, and it then assumed a dark purple color; pressure on the temporal arteries did not diminish its bulk. The application of ligatures in this case was of course inadmissible, on account of the deformity which would arise from cicatrization of the wound causing ectropium. The treatment for the first month consisted in the application of tincture of iodine; the abnormal growth being freely punctured all over with a fine cataract needle, and the iodine applied over the punctures. The bleeding was considerable, and of arterial character, but it soon subsided on the application of the iodine. These punctures were made twice a week, but the iodine applied daily, except when it caused too great irritation and soreness of the skin, when it was discontinued for a day or two, and then resumed. At the end of the month, the disease remaining undiminished, I altered the treatment and applied vaccine lymph: with a lancet armed with the matter, punctures were made at short intervals all around the circumference of the tumor, and several points in the centre of it; to insure its taking, I inserted into each puncture a bone-point, also well armed with vaccine lymph; most of these punctures took, and the irritation they caused was considerable, the child's face and head being swollen enormously. This was attended with fever and much constitutional disturbance, but at the end of a fortnight it had somewhat abated, and at the end of a month the disease was

evidently decreasing; and at the expiration of six months from the vaccine lymph having been used, not the least swelling existed, and the skin was assuming its natural color. I saw the child the beginning of January, 1852, and not a vestige of the morbid structure remains; and it was only by looking closely for the vaccination scars, that I could tell on which side the *nævus* had been. I have treated several cases in the same way at the Kent Ophthalmic Hospital, and have succeeded in arresting their growth, but I have never seen so large an erectile tumor cured by this treatment, nor can I remember to have read of any such case. The color of this vascular tumor was venous, the bleeding was arterial.—*N. W. Med. and Surg. Journ.*, from *London Lancet*.

Ligature of the Carotid Artery in Epilepsy—By C. MORROGH, M. D., of New Brunswick, New Jersey.

William Williamson, of Six Mile Run, aged 24 years, has been subject to epileptic seizures for about eight or nine years. Patient is well formed, about six feet in height, of robust appearance, regular habits, and good intellect; not married; parents and family all healthy.

For the period above stated, patient has suffered at irregular intervals, from a dull, throbbing pain over the surface of the cranium, attended with congestion of the conjunctiva and throbbing of the temporal arteries. The headache commences at all hours, without reference to time; it lasts from fifteen minutes to as many hours, increasing in severity till it becomes almost insupportable, when the patient loses his consciousness, and the usual phenomena of epilepsy supervene. He has never received any serious injury on the head or elsewhere; has no syphilitic taint; tongue is clean and natural, digestion good; no symptoms of entozoa; no tumor or morbid growth to be discovered; no fever; pulse 72, and otherwise natural. There is no aura epileptica, though patient can generally foretell the approach of a fit by the intensity of the headache. Since the commencement of his disease, the paroxysms have continued to increase in frequency and severity.

At the present time he experiences several attacks every day, and he describes his sufferings from headache as extreme. Of the etiology of my patient's disease I am profoundly ignorant.

Treatment.—Heretofore patient has been subjected to almost every conceivable system of treatment; he has consulted innumerable medical men both in the surrounding country and in the large cities. According to his own relation, he has been freely bled, both generally and locally. Gentle and free purging have been produced by all kinds of cathartics. He has at different times been placed under the influence of mercury and its chlorides, various forms of counter-irritants, different salts of silver, iron, copper, lead, zinc, arsenic, and iodine, antispasmodics and stimulants, digitalis, hyoscyamus, strychnine, turpentine, and drugs without number, and has resorted to Indian doctors, homœopathy, hydropathy, and magic.

Seeing nothing more to do for my patient, I proposed to him the expedient of ligating one of the common carotids. I told him how uncertain the remedy was, and rather exaggerated its danger, but he grasped at the proposition with avidity, and immediately took lodgings in the vicinity of my residence, so that I might the better attend to him.

The operation was performed Feb. 23, 1849, in the usual manner, in presence of Drs. Woodhull and Skillman, of this city, and Dr. Gayle, of Somerville. The right carotid artery was secured above the upper margin of the omo-hyoids. The distress on the same side of the head was at once relieved.

March 9, fifteen days after operation.—Ligature came away to-day. Wound doing well; patient feels much better; right side of head is free

from any pain; and right conjunctiva is clear and free from distended blood-vessels; there has remained, however, on left side some pain and congestion of conjunctiva; the arteries also on this side continue to beat stronger than natural, though not so much as before the operation. He has had two slight fits.

March 15.—Wound is entirely healed. Patient much better. He leaves for home to-day.

October 23, seven months after operation.—Patient has had no attack since the separation of ligature till the other day, when he had a mild one. The distress on left side of head increases.

Dec. 25, ten months after operation.—Patient has experienced one more paroxysm of epilepsy, which has been rather severe. Distress in head increases.

Feb. 1852, three years after operation.—Since the last date, patient has grown worse; the distress has gradually returned to right side. He is now as bad as ever; his memory fails, and the inroads of the disease on his mental faculties become more and more apparent. I have no remarks to offer on this case but what I think will suggest themselves to your mind.

The evident hyperæmia of the head pointed to this mode of treatment as one which might afford relief.

The local disturbance in the circulation is caused, I take for granted, by a diminished flow through the capillaries, and not by any increased *vis à tergo*; but as I could not divine what was the cause of the capillary obstruction, or how far it was connected with the other morbid symptoms, I confess I was more influenced by hope than confidence in this remedy.

Another consideration tended to dampen my ardor, viz., by cutting off the supply of blood through the carotid, it could only affect the investing membranes of the encephalon, the anastomosing branches at the base of the brain being quite sufficient to supply any demand which could occur in the cerebral mass itself.—*N. Y. Journal of Medicine.*

Successful Exhibition of Subnitrate of Bismuth in Acute Gastritis. By H. SINGLETON BELT, M. D.—On the 15th day of February, 1852, I was called to visit a patient, a little girl three or four years of age, and found her laboring under some febrile excitement, hurried respiration, complete anorexia, the tongue coated with a whitish mucus, and a slight cough. The patient having recently recovered from an attack of scarlatina, I regarded her indisposition as one of the numerous sequelæ which supervene upon that disease, and prescribed for her accordingly. Requesting to be again called on if the child was not relieved in a short time, I left her. On the morning of the 17th, I visited her again at the request of her father, and found the symptoms above enumerated greatly increased in severity—the countenance wearing the appearance of pain and anxiety; soreness and pain on pressure of the epigastrium and great irritability of the stomach, the child having vomited several times during the previous day—all the nourishment taken being ejected in a short time, mixed with eruginous bile, the tongue still coated with a whitish or yellowish-white fur in the middle and posterior part, through which red papillæ were visible, and its tip and edges red; pulse quick, small, and corded; respiration shorter and more hurried, with a dry cough of a paroxysmal character; the bowels disposed to constipation. In short, the symptoms indicated acute or subacute inflammation of the stomach, and from the increased prostration of the patient, and other symptoms indicating that the intestines were involved, I was disposed to regard it rather a case of gastro-enteritis than simple gastritis. Whether it was an idiopathic disease or to be referred to the attack of scarlatina under which the patient labored some four weeks previous, I am unable to say, nor does it affect materially the object I have in view.

I prescribed the treatment customary in such cases, and it was persevered in, varying it as the symptoms required, for some days, without the slightest improvement, the symptoms becoming even more distressing, when it was suspended for a short time and again resumed.

On account of the refractory disposition of the little sufferer, I could not ascertain the condition of the tongue or pulse as correctly as I wished; the former became drier and redder, and the latter more thready and irregular. At this crisis the sympathy between the lungs and stomach was greatly increased, the cough much more distressing, with decided pneumonic symptoms. The child suffered from dysphagia, and complained of the presence of a foreign body compressing the lower part of the chest, the distressing nausea and irritability of the stomach were subdued by the exhibition of minute doses of calomel and camphorated emplasma to the epigastric region; but the patient could not be induced to take a particle even of the blandest nourishment, and did not after the second day of its sickness until the morning of the 15th day.

Finding the usual remedies wholly inadequate to the cure of the disease, and knowing that the patient could survive but a short time without a favorable change, I determined, on the thirteenth day from the time I was called in, to change the treatment. I accordingly gave the subnitrate of bismuth in 3 grain doses every three hours. The effect produced was not less speedy than beneficial. Before the third dose was administered there was a decided abatement of the severity of the disease. The treatment was continued the next day with the same success, and on the following morning the child was able to take and retain upon the stomach a small quantity of nutritious liquid. The improvement, though slow, was decided, and with little or no other treatment the patient is now entirely restored. I have used this remedy before in cardialgia and other chronic diseases of the stomach with great advantage, but never before gave it in any acute gastric disease. Its beneficial effect in the above case was so obvious and so decided, that I felt it my duty to call the attention of the profession to it as a remedial agent in this most distressing malady. I am aware that the successful result of a single case is not sufficient evidence to establish its utility as a therapeutic agent in all such cases, but I hope it may prove of some service to my medical brethren.—*Stethoscope*.

HYDRARGYRI IODIDUM RUBRUM.

NEW YORK, Feb. 10, 1852.

Editor of the American Journal of Pharmacy:—

*Sir:—*Under the article Hydrargyri Biniodidum, the U. S. Dispensatory gives as the dose 1-16th of a grain, gradually increased to grain 1-4th.

Under the same head, Christison's work, edited by Dr. Griffith, ed. 1848, gives the dose from gr. i. to gr. iv.

Has this great discrepancy been before detected, and the error corrected?
STUDENT.

[NOTE.—The profession will be obliged by the above hint. We had not observed the error before. Since communicating the fact to the Publishers, Messrs. Blanchard & Lea, they have informed us that the error has been corrected in the unsold portion of the edition. All who have the American edition of Christison should make the correction with pen at once, and all Medical Journals should notice it.—ED. AM. JOURN. PHARM.]